## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000056713**1. Corporation Name

TILE & MARBLE DESIGN, INC.

Principal Place	of Business	Mailing Address	Mailing Address .					
2769 SW 27TH COCONUT GRO	· · · · · · ·	2769 SW 27TH AVENUE COCONUT GROVE FL 3313	2769 SW 27TH AVENUE COCONUT GROVE FL 33133		DO NOT WRITE IN THI	S SDACE		
							3 3FACE	
						3. Date Incorporated or Qualifed		
						07/01/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	oplied For
21		26				65-0677973	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22	11. 4	27	7			5. Certificate of Status Desired	, Fee Re	equired
- City & State	City & State	ity & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees
Zip	Zip	Country			8. This corporation owes the current year 1	ntangible		
24	Country Zip C		30	•		Personal Property Tax.	∐Yes	ZΝο
24	9. Name and Address of Curre		<b>30</b> {			10. Name and Address of New Registere	d Agent	
	5. Name and Address of Ouric	in Negotion Agon		81 N	lame			
DEE	REIXAS, JOSE R			''			· ·	
2317 SW 23RD STREET				<b>82</b> S	treet Addre	ress (P.O. Box Number is Not Acceptable)		
·								
MAN	AI FL 33145			83				
				84 C	City		. 85 Zip	Code
				- 1	•	F	L     <u>`</u>	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the al	oove-na	amed corpo	ration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	i of Florida. Such change was al	Jinonzed	l by the	corporation	's board of directors. I hereby accept the app	ointment as re	egistered
agent. i ai	m ramiliar with, and accept the oblig-	ations or, Section 607.0505, Flor	iua Stati	iles.		•		{
SIGNATURE	Signature, typed or printed name of registered ag-	ant and title if applicable (NOTE:	Penietered	Acent sin	mature required	when reinstating) DATE		
12.		ND DIRECTORS	13.	rigun wg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12
TITLE	DP ·	DELETE	1.1 Til	n F		ABBITIONS/OFFICE	Change	Addition
		La Deleve	•					_
NAME	DEFREIZAS, JOSE R							
STREET ADDRESS	2011 011 20112 0111221		REET ADI	DRESS				
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-		Ρ		Change	☐ Addition
TITLE		☐ DELETE	2.1 Π	ΓLE			Change	Addison
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 STREE		DRESS			ļ
CITY-ST-ZIP			2.40	TY-ST-Z	iP			]
TITLE	- ,	→ DELETE	3.1 TI			The second of th	Change	Addition
NAME	e .	_	3.2 NAME		-			
				REET ADO	DDESS			
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	3.4 CITY-ST-Z		P		Change	Addition
TITLE		[] DEFE IE	4,1 TTTLE				C Guange	
NAME			4. 2 N	AME	=			
STREET ADDRESS			4.3 STREET A		ORESS ,			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CI	TY-ST-ZI	Р	,		
TITLE .		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	•		5.2 NA	WE		•		
STREET ADDRESS	•		5.3 ST	REET ADI	DRESS			
CITY-ST-ZIP		•	5.4 CI	TY-ST-ZIF	P			
CITY-SI-ZIP		□ DELETE	6.1 TI				☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90031 022 \*\*\*150.00